

Attorney Dkt. No.: 59643.00345

Date: August 15, 2006

In re the Application of:

Confirmation No.6296

Peter BODA

Art Unit: 2617

Application No.: 10/701,065

Examiner: Erika A. Gary

Filed: November 5, 2003

For: CONNECTION SET-UP IN A COMMUNICATION SYSTEM

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

| Į | Small en | tity status of this application | ation under 37 CFR 1.9 | and 1.27 has been e | established by a statem | ent previously |
|---|----------|---------------------------------|------------------------|---------------------|-------------------------|----------------|
|   | submitte | ed.                             |                        |                     | •                       | 1              |

Applicant qualifies for small entity status.

No additional fee is required.

The fee has been calculated as shown below:

|  | (Col. 1)                                  |       | (Col. 2)                              | (Col. 3)         | SMALL ENTITY |               |       | OTHER THAN A<br>SMALL ENTITY |               |  |
|--|---|-------|---------------------------------------|------------------|--------------|---------------|-------|------------------------------|---------------|--|
|  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE         | ADDIT.<br>FEE |       | RATE                         | ADDIT.<br>FEE |  |
| TOTAL  | 40  | MINUS | 40                                    | 0                | X25=         |               | or    | X50=                         | 0             |  |
| INDEP.   | 5   | MINUS | 4                                     | 1                | X100=        |               | or    | X200=                        | 200           |  |
| ☐ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |                                       | +180=            |              | or            | +360= |                              |               |  |
|  |   |       |                                       |                  | TOTAL        |               | or    |                              | 200           |  |

| $\boxtimes$ | Enclosed is a check in the amount of Three Hundred and Twenty Dollars (\$320.00), Two Hundred Dollars (\$200.00), of which, is to cover the cost of the additional independent claim. Except as otherwise noted herein, the Commissioner is hereby authorized to charge payment of any other fees that may be required to complete this filing, or to credit any overpayment, to Counsel's Deposit Account No. 50-2222. |
|-------------|---|
|             | The Commissioner is hereby authorized to charge payment for the following fees associated with this communication or credit any overpayment to Counsel's Deposit Account No. 50-2222. A duplicate copy is enclosed.   |
| $\boxtimes$ | Any filing fees required under 37 CFR 1.16.   |
|             | Respectfully submitted,   |

Arlene P. Neal

Registration No. 43,828

Atty. Docket No. 59643.00345

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APN:kmp

Enclosures: Amendment

Petition for a One-Month Extension of Time

Check No. <u>14883</u>